

Supporting Housing Stability Through Critical Time Intervention (CTI)

Meet your presenters...

Jenn Ma-Pham, MSW

Director of Clinical Health Services
Downtown Women's Center
JennM@DWCweb.org

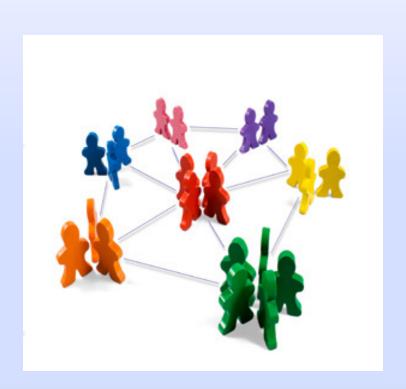
Martha Delgado, BSW

CTI Program Manager Downtown Women's Center MarthaD@DWCweb.org

Joelle Greene, Ph.D.

Senior Research Associate
Harder+Company Community Research
JGreene@harderco.com

So... Who is in the audience?











ENDING HOMELESSNESS FOR WOMEN

The mission of the Downtown Women's Center is to provide permanent supportive housing and a safe and healthy community fostering dignity, respect, and personal stability, and to advocate ending homelessness for women.



HOMELESSNESS IN LOS ANGELES

With over 50,000* individuals homeless each night in Los Angeles County, many refer to Los Angeles as the capital of homelessness in America.

As the fastest growing segment of the homeless population, 32%** are women and face unique challenges and barriers.



Over 40%** of homeless women have been homeless for at least 5 years.





ABOUT DWC

The Downtown Women's Center (DWC) provides permanent supportive housing and a safe and healthy community fostering dignity, respect, and personal stability, and advocates ending

homelessness for women.

Founded in 1978, DWC is the only resource in Los Angeles that is exclusively dedicated to serving the unique needs of homeless and very low-income women in downtown Los Angeles' Skid Row community.







DWC Programs and Services

DWC is nationally recognized as a prototype for unique and effective programs serving homeless women and ending homelessness. DWC served over 4300 women last year.

DAY CENTER

- 200 women visit the drop-in Day Center each day
- Popular services: Meals (over 85,000), Showers, Telephones and Mail

RESIDENCE

- DWC provides 119 units of permanent supportive housing (2 locations)
- 95% of the women we house stay housed permanently—a high success rate for ending homelessness

CLINICAL HEALTH SERVICES

- Case management, mental health services, medical services
- Over 1200 women served

VOCATIONAL EDUCATION AND SOCIAL ENTERPRISE

- Education, skill development and on the job training opportunities
- Over 1200 women served

Critical Time Intervention (CTI)

What is CTI?

- An Evidence-Based Practice (EBP)
- Time-limited case management model designed to prevent homelessness in people with mental illness after institutional discharge or placement in housing.
- Grew out of experience working in large shelters in New York City during early 1990s.
- Implemented throughout US and worldwide: New York, Idaho, Illinois, and Missouri, prison system in the United Kingdom, favelas in Brazil



DWC's CTI project...

- First application of CTI in Los Angeles started in 2011 at DWC which focused on homeless women once they have obtained permanent housing.
- Served 80 women in the Skid Row area



Housed at DWC's PSH, Ford Hotel, and other permanent housing units

CTI Program Elements

- Transition treated as a "critical time"
 - Address natural discontinuity experienced during transition (out of hospitals, shelters, prisons, and other institutions)
- Practice is time-limited Lasts 9 months
- 3 distinct phases with an established purpose and key activities
- Minimal case load is encouraged (roughly 10-15)
- Supervision at least once a week

CTI Program Elements

Primary Focus: housing stability (paying rent, following rules, etc.)

- intensive case management
- resource navigation and linkages
- stabilizing in permanent housing
- weaving in celebration and validation
- fostering collaboration among property management, service providers, and client

How it worked at DWC...

Day Center Case

Management – helps

with housing placement

and basic needs



Services at DWC and at partner organizations support client during and after CTI



Enrolled in CTI case management once permanently housed (9-month program)

Property management and residential services work with CTI on action plans



9 Month Model

CTI is carried out in **three distinct phases spanning 9 months** as described below:

| Phase | 1. Transition | 2. Try-Out | 3. Transfer of Care |
|------------|---|--|---|
| Timing | Months 1-3 | Months 4-7 | Months 8-9 |
| Purpose | Provide specialized support and implement transition plan | Facilitate and test client's problem-solving skills | Terminate CTI services with support network safely in place |
| Activities | CTI worker makes home visits Accompanies clients to community providers Meets with caregivers Substitutes for caregivers when necessary Gives support and advice to client and caregivers Mediates conflicts between client and caregivers | CTI worker observes operation of support network Helps to modify network as necessary | CTI worker reaffirms roles of support network members Develops and begins to set in motion plan for long-term goals (e.g. employment, education, family reunification) Holds party/meetings to symbolize transfer of care |

Roles of CTI and Property Management Staff

| CTI Case Managers | Property Management | |
|---|---|--|
| ✓ Work with clients to ensure timely rent payments | ✓ Work with CTI staff to ensure timely rent payments | |
| ✓ Create goals and agreements with clients to maintain housing | ✓ Ensure that tenants adhere to rules and agreements | |
| ✓ Link clients to resources to maintain housing | ✓ Make repairs in collaboration with CTI staff | |
| ✓ Provide client and property managers with support | ✓ Understand how to handle tenants with active delusions | |
| ✓ Maintain open communication with property managers to resolve tenant related issues | ✓ Maintain open communication with CTI case managers to resolve tenant related issues | |

Learnings since last year...

- Focusing on housing stability is key, it has been easy to get 'distracted' by the myriad of issues that come up for clients after getting housing
- Proactive collaborations are essential
- Supervisor support and advocacy is needed
- Expanding the model to work with people in long-term transitional housing situations can be helpful

Impact of CTI on Clients and Staff

- How CTI impacts service delivery to clients
- Review of case example





 Rewards and challenges of utilizing CTI in Los Angeles

LEARNING TOGETHER:

Evaluation
Findings from
DWC's
Critical Time
Intervention

LAC DMH/CSH Housing Institute
June 13, 2013





An Evaluation Project Sponsored by The Conrad N. Hilton Foundation and Fannie Mae with support from The Corporation for Supportive Housing, Los Angeles County Department of Mental Health, and Housing Innovations



WHY EVALUATE?

Evaluation is a learning process that helps you understand what difference your work makes and provides insights on how to deepen your impact.



Two Big Goals

Learn

- Document the implementation of CTI within DWC's unique context
- Identify best practices
- Identify barriers, challenges and solutions that emerged
- Improve future implementations

Show Impact



- Mousing stability
- Access to entitlement programs & benefits
- Output
 Use of emergency services
- Mental/physical health outcomes
- Independent living skills
- Personal goal attainment
- Quality of life

DATA SOURCES

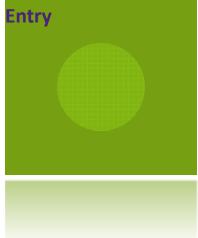
Client Outcomes

- © Client Interviews
- File review
- Propertymanagement data

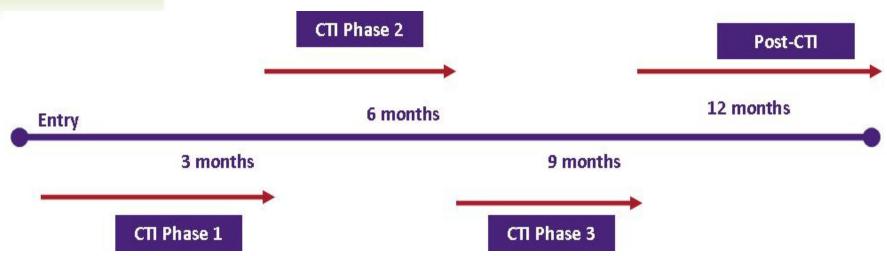
Implementation

- CTI TechnicalAssistance Team
- © CTI Project Director
- ©CTI Case Managers
- Select partner organizations





EVALUATION TIMELINE

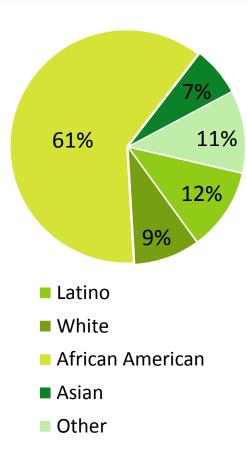


PARTICIPATION

| | Total Possible | Completed (%) | Declined |
|-------------------|----------------|---------------|----------|
| Baseline | 80 | 76 (95%) | 3 |
| 3-Month Follow Up | 80 | 37 (46%) | 5 |
| 6-Month Follow Up | 78 | 33 (42%) | 5 |
| 9-Month Follow up | 51 | 39 (76%) | 6 |

CLIENT CHARACTERISTICS

Race/Ethnicity

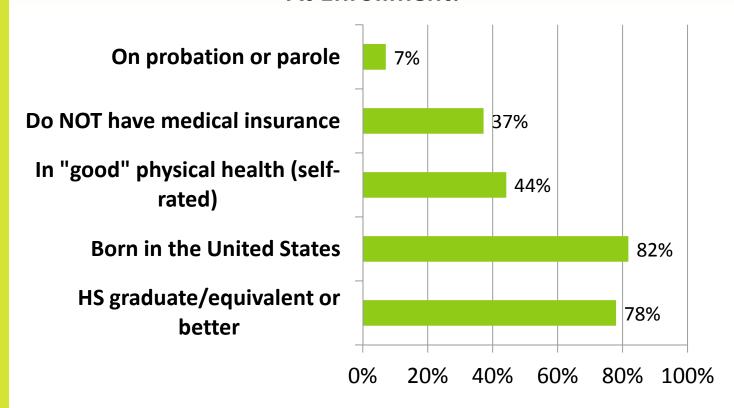


Age

- Range: 22 to 79 Years
- Median Age: 50
 Years
- 13% first episode of homelessness < age of 17

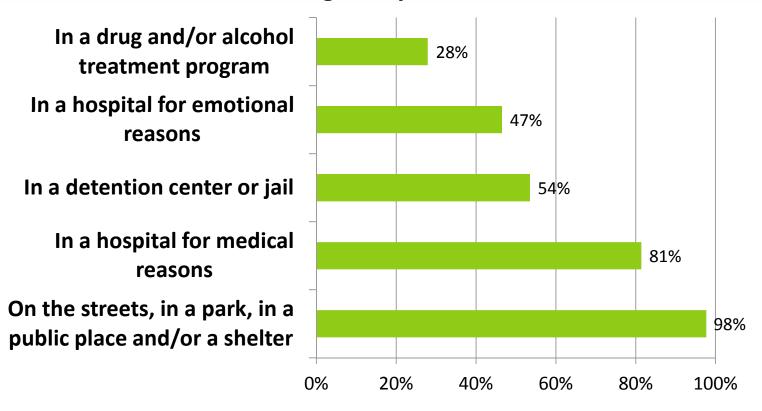
CLIENTS AT ENTRY

At Enrollment:



LIFETIME HOUSING HISTORY

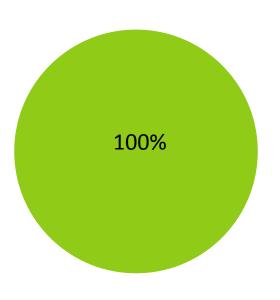
Percent of Clients who have experienced an overnight stay ...





HOUSING STABILITY

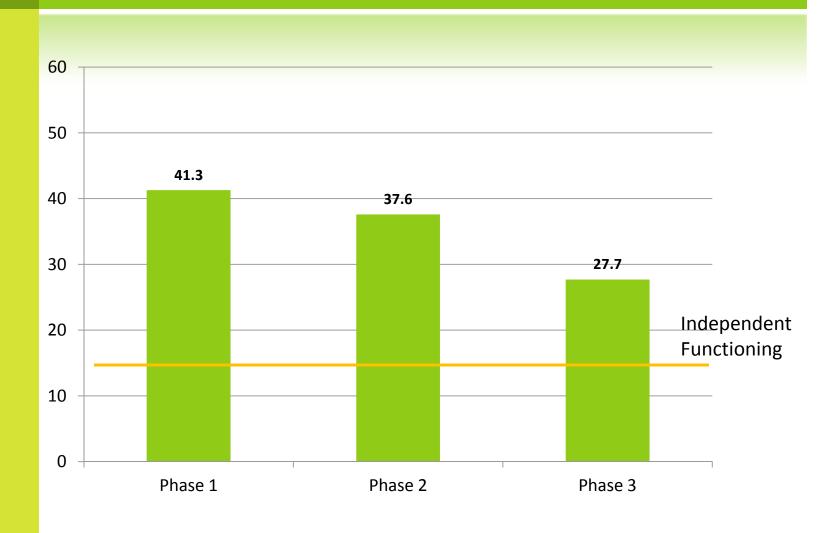
Percent Stably Housed



Other Findings:

- No nights on the street
- No nights in jail/prison
- 9% hospitalized
- 4% crisis or respite center
- 33% ER visits
- All linked to physical or mental health services

INDEPENDENT FUNCTIONING





Personal Goal Attainment

Client Goals

Housing Stability – *Obtain DWC housing, Obtain in-home housing support*

Financial Stability – Apply to SSI, Obtain GR, Find a job

Health and Mental Health – *Obtain cancer treatment, Participate in MH groups, Stabilize on medication*

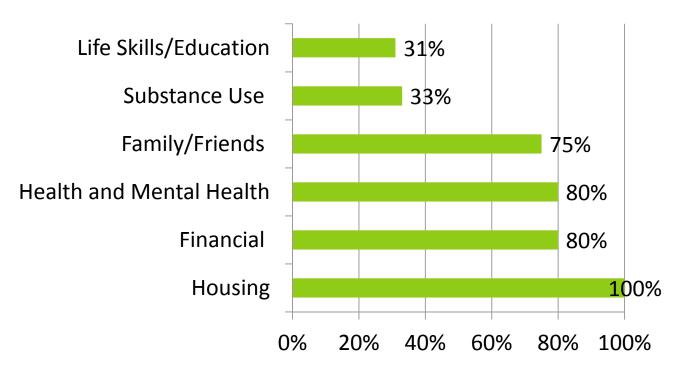
Substance Use – Stop smoking, Enroll in substance abuse program

Family/Friends – Support daughter with child care, Engage other residents in conversation, Reach out to family

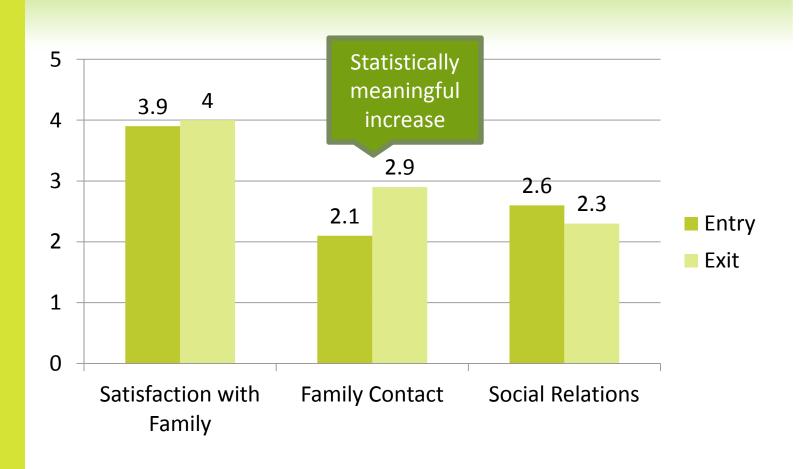
Life Skills/Education – Obtain training, obtain GED

Personal Goal Attainment

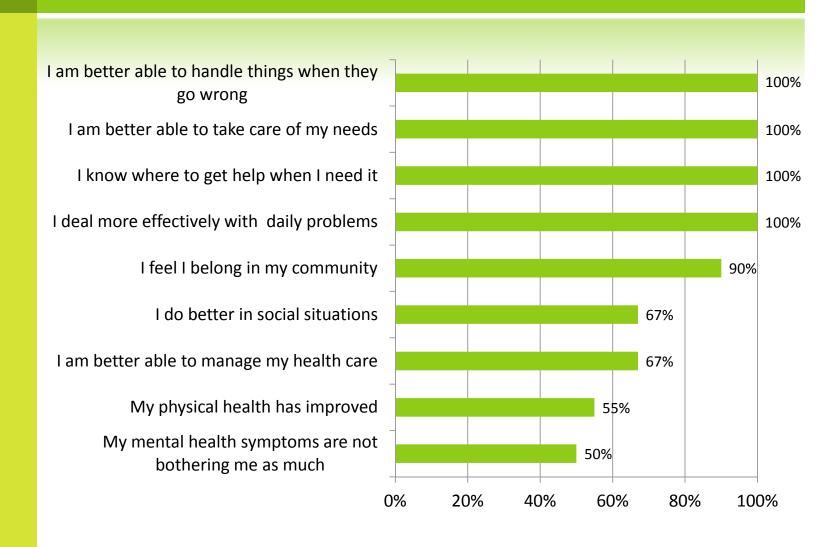
Percent Goals Attained



QUALITY OF LIFE



OUTCOMES FROM THE CLIENT PERSPECTIVE



LEARNINGS SINCE LAST YEAR:

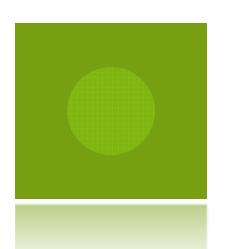
- © CTI has been highly effective at providing housing stability but there is more to the story!
- Significant increases in independent function in a relatively short time
- Significant increase in family contact
- Clients perceptions of outcomes consistent with CTI case manager reports

WHAT'S NEXT?

- Track outcomes over time add 12 month assessment
- Explore using Property Management data
- Examine mental health outcomes more closely
- Track progress towards longer-term client goals
- Qualitative data
 - Client stories
 - Staff perspectives

QUESTIONS AND COMMENTS





For questions or more information:

Joelle Greene, PhD jgreene@harderco.com 213-891-1113

Linda Tran, MPP https://ltman@harderco.com/

Veronica Awan, MPH
Vawan@harderco.com